

Volunteer Release Form

Volunteering Location	
School/Site:	Administrator:
Volunteer Contact Information	
Volunteer Name: LAST	FIRST MIDDLE
Volunteer Date of Birth:	
Home Address:STREET ADDRESS/CITY/STATE/ZIP	
Phone: () Email:	Text
Agency or Organization (if applicable):	
Volunteer Release	
Are you currently an □ APS employee or a □ parent/guardian or □ relative of students in APS? If yes, please list schools and student names:	
Have you ever been convicted of an offense that requires registration as a sex offender? □ Yes □ No	
In this application, I have provided accurate information to the best of my ability. I have received any training required for my volunteer position, and I understand and will comply with the expectations of volunteers in the Atlanta Public Schools described in <u>regulation IFCD-R School Volunteers</u> . I also understand that Atlanta Public Schools reserves the right to refuse the services offered by any volunteer.	
Applicant Signature:	Date:
For official use only	
For Level 2 Volunteers Only	For Level 3 Volunteers Only
 Sex offender registry search completed Copy of Photo ID attached 	 Background check on file in HR Division Copy of Photo ID attached
□ Approved □ Denied – Reason:	□ Approved □ Denied – Reason:
Site Administrator/Designee Signature	HR Division Representative Signature
Printed Name & Title	Printed Name & Title
Date:	Date: